

**Note: for reporting complaints regarding Patient 1st Providers Only*

PATIENT 1ST COMPLAINT/GRIEVANCE FORM

Patient 1st staff reviews all complaints that come to our office. We take each complaint seriously and have a process in place to address them. It is not necessary to use your name when investigating a complaint. However, it is more effective to have your name when describing the concern to the provider. If you want us to use your name when investigating your complaint, sign your name in Section 1. If you do NOT want us to use your name when investigating your complaint, sign your name in Section 2. **PLEASE DO NOT SIGN BOTH STATEMENTS.**

1. If you agree to allow us to use your name in investigating this complaint, please sign the following:

I give the Patient 1st staff permission to use my name when sharing my complaint with the Primary Medical Provider (PMP) named in my complaint. The PMP has my permission to respond to the Patient 1st staff concerning my complaint and release medical records regarding the patient when necessary.

Signature of Complainant

Date

Signature of Patient/Parent/Legal Guardian

Complainant's Date of Birth

OR

2. If you would like your name to remain confidential and you do not want us to use your name in the investigation of this complaint, please sign below:

Signature of Complainant

Date

Signature of Patient/Parent/Legal Guardian

Complainant's Date of Birth

If you have any questions about the use of this form or the Patient 1st complaint process, please contact the Quality Improvement Initiative Unit at 334-353-5435. *Thank you for giving us this opportunity to serve you better.*

Please Do Not Write Below This Line

Patient 1st PMP Name: _____ NPI # _____

Patient 1st Practice Name: _____

County Where Patient 1st Practice is Located: _____

Comments: _____